

DO NOT DUPLICATE
NO DUPLIQUE

IMPORTANT / IMPORTANTE
Send your \$65.00 fee with this form
Envíe su cuota de \$65.00 con esta forma
POSTMARK AFTER February 6th
Fee is \$65.00
SI LA ESTAMPILLA DE CORREO esta sellada
Después del 6 de febrero sera \$65.00

Congress Registration Form
Forma De Inscripción para El Congreso
P.O. Box 76955, Los Angeles, CA 90076-0955
Make Checks Payable To: Religious Education Congress
BLOCK PRINT OR TYPE PLEASE
FAVOR DE USAR LETRA DE MOLDE

FOR OFFICE USE ONLY

CHK CASH MO

First Name/Primer Nombre JAN Last Name/Apellido PEDROZA
Address/Domicilio 3424 WILSHIRE BLVD.
City/Ciudad LOS ANGELES State/Estado CA Zip Code/Zona Postal 90010
Hm/Casa 562 867-5309 Wk/ Trabajo 23 E-Mail JCPEDROZA@LA-ARCHDIOSESE.ORG

FRIDAY/VIERNES			
PERIOD PERIODO	1st PERIOD 10:00-11:30	2nd PERIOD 1:00-2:30	3rd PERIOD 3:00-4:30
1st Choice 1ra Opción	1- 03	2- 01	3- 14
2nd Choice 2da Opción	1- 21	2- 18	3- 08
3rd Choice 3ra Opción	1- 11	2- 02	3- 26

SATURDAY/SABADO			
PERIOD PERIODO	4th PERIOD 10:00-11:30	5th PERIOD 1:00-2:30	6th PERIOD 3:00-4:30
1st Choice 1ra Opción	4- 27	5- 23	6- 06
2nd Choice 2da Opción	4- 11	5- 12	6- 70
3rd Choice 3ra Opción	4- 14	5- 25	6- 16

SUNDAY/DOMINGO		
PERIOD PERIODO	7th PERIOD 10:00-11:30	8th PERIOD 1:00-2:30
1st Choice 1ra Opción	7- 16	8- 10
2nd Choice 2da Opción	7- 14	8- 15
3rd Choice 3ra Opción	7- 07	8- 20

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If mailing label is correct affix in shaded area, please fill in phone numbers.
Registration form will be returned if not complete!

Si la etiqueta con su dirección esta correcta, péguela en la sección claraoscuro.
Por favor escriba números de teléfono.
La Forma de Inscripción se le regresará si no esta completa.

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1-	2-	3-
1-	2-	3-

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